DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: MENNING MANOR NEENAH (410252) Address: 211 5TH ST BOX 363, NEENAH, WI 549570363

License Status: REGULAR

Licensed/Certified/Registered 08/15/1991

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

2	Sur	vey	His	tory	

Survey ID: 0095271 End Date: 07/05/2005 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095185 End Date: 03/22/2005 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092964 End Date: 07/14/2004 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006990 Served 08/02/2004

<u>Compliance</u>

Deficiencies Cited
83.43(4)(b)3Subject Area
BATTERY OPERATED AND 5 YEAR DELAYVerified
03/22/2005Corrected
Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 07/23/2004 SOD #10006990 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.43(4)(b)3 FORFEITURE---accruing forfeiture FORFEITURE---accruing forfeiture

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Complaint History

Date Complaint Received: 05/13/2005 Date Investigation Completed: 07/05/2005

Subject Area(s) Result

ADMINISTRATION NOT SUBSTANTIATED